INMATE REQUEST SLIP

				Your Unit Supervisor, Security rded to the appropriate person.
		nant, or CC/CM will be for		FAIDAY
TO: Unit Su	pervisor, Securit	y Lieutenant, CC/CM		DATE: 8-17- 2007
FROM: M	L WOLFF	CHANLEJ	<u>></u>	ID #: <u>2</u> \forall \forall 2
	Last Name	First Name	Mìddle Initia	
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	Facility	Housing Unit P	Ď Cell	Work/Shift
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(If you need mo	re space, use plain pa	iper.)		Inmate Signature
TO: MA A	JCH STAC	Y C/. KITCHEA	c	DATE:
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FROM: Unit	Supervisor, Secu	rity Lieutenant or CC/C	(VI	
REMARKS:				
				Staff Signature
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EDOM F	Sofor			DATE: 8/26/62
FROM: Staff	f Member Name/	Office		DATE: 8/29/01
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REMARKS:	11/4/2010	100 000 900	C COMM	
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			,	Staff Signature
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		•	7	Inmate Signature